

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026416

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 25

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 15 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Excelsior SpringsLength of stay in lb
1949c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Excelsior Spgs. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Excelsior Springs

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Scott AdditionReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

James

Middle

Franklin

Last

McCubbin

4. DATE OF DEATH

Month

July,

Day

7th

Year

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/29/18749. AGE (last birthday)
87IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Ray County, Missouri U.S.A.

13a. FATHER'S NAME

Pleas McCubbin

13b. MOTHER'S MAIDEN NAME

Sarah Cook

14. NAME OF HUSBAND OR WIFE

Ethel Mae McCubbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO. 48

17. INFORMANT
Address Scott Addn.
rs. Ethel Mae McCubbin, Ex. Spgs. MO.18. CAUSE OF DEATH (Enter only one cause per line for a),
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis - Circle of Willis Rupture

days.

DUE TO (c)

Arteriosclerosis - Cerebral -

year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/28/62 to 7/7/62 and last saw him alive on 7-7-62
Death occurred at 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

7/10/1962

23c. NAME OF CEMETERY (If crematory)

Bethel Cemetery

23d. LOCATION (City, town, or county)

Knoxville, MO . Ray Co. MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Chas. Virgil Hope, Ex. Spgs. Mo 8-3-62

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
FOR
TYPEWRITER RIBBONVS 300
Rev. 4/59

16001

260012

3

4 0

5 1

6

7 0

8 2

9330X

10

11

122 - 0

13 1-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.